

***Long Term Acute Care Hospital Supplemental
Per Diem Rate Calculation Sheet
Oct 1, 2010 – Sept 30, 2011***

**Kindred Hospital - Springfield
701 N Walnut Street
Springfield, IL 62702-4913**

· Hospital fiscal year 2008 Medicaid cost report total reported Medicaid cost (A)	No Applicable LTC Report
· Hospital fiscal year 2008 Medicaid cost report total reported Medicaid days (B)	N/A
· Hospital fiscal year 2008 Medicaid cost report total reported Medicaid discharges (C)	N/A
· Hospital fiscal year 2008 Medicaid cost report based average length of stay	N/A
· Calculated hospital fiscal year 2008 Medicaid cost per diem (System-wide Average)	\$1,130.49
· Applicable DRI inflation factor <i>(Inflated from the midpoint of the hospitals FY to April 2011, rounded to 5 digits)</i>	1.09644
· Rate year 2011 inflated per diem rate	\$1,239.52
- LESS -	
· Current Hospital Per Diem base rate	\$604.01
o 89 IL Admin Code 148.270(c)(4)	
· Rate Year 2011 Disproportionate Share per diem rate (10/1/2010 - 09/30/2011)	\$ -
o 89 IL Admin Code 148.120	
· Rate Year 2011 Medicaid Percentage Adjustment per diem rate (10/1/2010 - 09/30/2011)	\$ -
o 89 IL Admin Code 148.122	
· Rate Year 2011 Medicaid High Volume Adjustment per diem rate (10/1/2010 - 09/30/2011)	\$ -
o 89 IL Admin Code 148.290(d)	

Long Term Acute Care Supplemental per diem rate \$635.51
Rate to be paid for admissions on or after Oct. 1, 2010, subject to provider readiness review.

** Rates established based on new provider methodology. Refer to HFS for methodology rules.*